

State of New Hampshire

2015 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2015

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 01/22/2015

Business ID: 691592

William M. Gardner

Secretary of State

ZJBV PROPERTIES LLC

300 GAY ST

MANCHESTER, NH 03103

ADDRESS OF PRINCIPAL OFFICE:

300 GAY ST

MANCHESTER, NH 03103

REGISTERED AGENT AND OFFICE:

THIBEAULT, BRIAN J

300 GAY STREET

MANCHESTER, NH 03103

ENTITY TYPE: LLC

BUSINESS ID: 691592

STATE OF DOMICILE: NEW HAMPSHIRE

REAL ESTATE RENTALS AND INVESTMENTS

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐

The new mailing address

☐

The new principal office address

PO Box is acceptable.

MANAGERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

MANA. **Brian Thibeault**

STREET **300 Gay Street**

CITY/STATE/ZIP **Manchester NH 03103**

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

MEMBERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

MEMB. **Brian Thibeault**

STREET **300 Gay Street**

CITY/STATE/ZIP **Manchester NH 03103**

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

To be signed by the manager, if no manager, must be signed by a member.

I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

Brian Thibeault

Please print name and title of signer:

Brian Thibeault

/

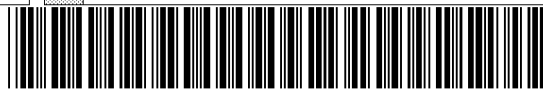
MANAGER

NAME

TITLE

FEE DUE: **\$100.00**

E-MAIL ADDRESS (OPTIONAL):



069159220151001

**WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED**

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

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